

CONCERT INFECTIOUS DISEASE: PREVENTION AND SCREENING

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

OVERVIEW

This policy addresses testing of healthy/asymptomatic individuals for infectious diseases including human papillomavirus (HPV), hepatitis C virus (HCV), and group B streptococcus (GBS). These criteria are intended for use in the outpatient setting.

For additional information see the [Rationale and References](#) section.

The tests, CPT codes, and ICD codes referenced in this policy are not comprehensive, and their inclusion does not represent a guarantee of coverage or non-coverage.

POLICY REFERENCE TABLE

Criteria Sections	Example Tests (Labs)	Support
Genotyping of High Risk Human Papillomavirus (HPV) Types	Human Papillomavirus (HPV) (Aptima) (Labcorp)	Rationale/References
	Human Papillomavirus (HPV) Genotypes 16 and 18,45 (Labcorp)	

Genotyping of Low Risk Human Papillomavirus (HPV) Types	HPV Low Risk (Pacific Medical Laboratories)	Rationale/References
Hepatitis C Antibody Screening Tests	Hepatitis C Virus (HCV) Antibody Cascade to Quantitative PCR and Genotyping (Labcorp)	Rationale/References
Hepatitis C Nucleic Acid/PCR Tests	Hepatitis C Viral RNA, Quantitative, Real-Time PCR (Quest Diagnostics)	Rationale/References
Group B Streptococcus Tests in Vaginal-Rectal Specimens	Group B Streptococcus Colonization Detection Culture (Labcorp)	Rationale/References

CRITERIA

It is the policy of health plans affiliated with Centene Corporation® that the specific tests noted below are **medically necessary** when meeting the related criteria:

HUMAN PAPILLOMAVIRUS (HPV) TESTS

Genotyping of High Risk Human Papillomavirus (HPV) Types for Cervical Cancer Screening

- I. Human papillomavirus (HPV) genotyping of high risk types is considered **medically necessary** when:
 - A. The member/enrollee is an individual born with a cervix, who is between the ages of 30 and 65 years, **AND**
 1. Has **NOT** had a hysterectomy with removal of the cervix, **OR**
 2. Has a history of high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3), **OR**
 3. Has a history of cervical cancer, **OR**
 - B. The member/enrollee is an individual born with a cervix, who is younger than 30 or older than 65 years of age, **AND**

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1. Is at increased risk for cervical cancer (e.g., immunocompromised, HIV infection, in-utero exposure to diethylstilbestrol, history of cervical lesion or cervical cancer).
- II. Human papillomavirus (HPV) genotyping of high risk types is considered **medically necessary** once every 5 years, in absence of increased risk factors for cervical cancer (e.g., immunocompromised, HIV infection, in-utero exposure to diethylstilbestrol, history of cervical lesion or cervical cancer).
- III. Current evidence does not support human papillomavirus (HPV) genotyping of high risk types for all other indications, including:
 - A. For evaluation of genital warts or sexually transmitted infection screening.

Genotyping of Low Risk Human Papillomavirus (HPV) Types

- I. Current evidence does not support Human papillomavirus (HPV) genotyping of low risk types for all indications.

HEPATITIS C (HCV) TESTS

Hepatitis C Antibody Screening Tests

- I. Hepatitis C antibody screening tests are considered **medically necessary** when:
 - A. The member/enrollee does NOT have a known past positive HCV Antibody test result*, **AND**
 - B. The member/enrollee does not have a known history of chronic HCV infection*, **AND**
 - C. The member/enrollee meets at least one of the following:
 1. The member/enrollee is pregnant, **OR**
 2. The member/enrollee is an asymptomatic adult between the ages of 18 and 79 years, **OR**
 3. The member/enrollee is a child 18 months or older, **AND**
 - a) The member/enrollee was perinatally exposed to HCV, **AND**

- b) The member/enrollee has not been previously tested, **OR**
 - 4. The member/enrollee is younger than 18 or older than 79 years of age,
AND
 - a) The member/enrollee is at increased risk of HCV infection (e.g., past or current injection drug use, liver disease, chronic hemodialysis, HIV infection, HIV PrEP use, individuals with male reproductive systems who have sexual intercourse with individuals with male reproductive systems, partners of HCV infected individuals, organ transplant donor/recipient), **OR**
 - 5. The member/enrollee requests screening (regardless of age or disclosure of potentially stigmatizing risks).
- II. Current evidence does not support the use of Hepatitis C antibody screening tests for all other indications**.

*A quantitative HCV-RNA test *rather than* an HCV-antibody test is recommended to assess for HCV recurrence.

**This criteria does not apply to members/enrollees with liver disease and/or other signs and symptoms of active hepatitis C virus infection.

Hepatitis C Nucleic Acid/PCR Tests

- I. Hepatitis C nucleic acid/PCR tests for the purposes of routine screening or confirmatory testing following a positive HCV antibody screening test are considered **medically necessary** when:
- A. The member/enrollee is immunocompromised (e.g., receives chronic hemodialysis), **OR**
 - B. The member/enrollee has a suspected HCV exposure within the past six months (regardless of antibody status), **OR**
 - C. The member/enrollee has an initial HCV antibody positive test*, **OR**
 - D. The member/enrollee is undergoing monitoring for chronic HCV infection (i.e., prior to starting direct-acting antiviral (DAA) treatment, while receiving treatment, or having completed therapy), **OR**
 - E. The member/enrollee was exposed to HCV perinatally and is between two months and 17 months of age, **OR**
 - F. The member/enrollee has a history of HCV infection followed by

eradication/sustained virologic response (SVR), **AND**

1. The member/enrollee has ongoing risk factors for HCV reinfection**.
- II. Current evidence does not support the use of Hepatitis C nucleic acid/PCR tests for the purposes of routine screening or confirmatory testing following a positive HCV antibody screening test for all other indications***.

*This includes PCR testing as an automatic reflex from initial antibody tests; this approach is considered the most appropriate option for initial HCV screening.

**A quantitative HCV-RNA test *rather than* an HCV-antibody test is recommended to assess for HCV recurrence.

***This criteria does not apply to members/enrollees with liver disease and/or other signs and symptoms of active hepatitis C virus infection.

PRENATAL INFECTIOUS DISEASE SCREENING TESTS

Group B Streptococcus Screening Tests of Vaginal-Rectal Specimens

- I. Group B Streptococcus screening tests of vaginal-rectal specimens are considered **medically necessary** when:
 - A. The member/enrollee is pregnant, **AND**
 - B. The pregnancy is between 36 weeks 0 days and 37 weeks and 6 days gestation, **OR**
 - C. The member/enrollee is presenting with signs or symptoms of preterm labor (e.g., premature rupture of membranes, contractions indicative of labor).
- II. Current evidence does not support the use of Group B streptococcus screening tests of vaginal-rectal specimens for all other indications .

BACKGROUND AND RATIONALE

Genotyping of High Risk Human Papillomavirus (HPV) Types for Cervical Cancer Screening

United States Preventive Services Task Force

In their 2018 recommendations, the USPSTF states the following:

- For individuals with a female reproductive system aged 30 to 65 years, screen every three years with cervical cytology alone, every five years with high-risk human papillomavirus

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(hrHPV) testing alone, or every five years with hrHPV testing in combination with cytology (cotesting).

- Do not screen for cervical cancer in individuals with female reproductive systems who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (ie, cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.
- Do not screen for cervical cancer in individuals with female reproductive systems older than 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer.

“Certain risk factors further increase risk for cervical cancer, including HIV infection, a compromised immune system, in utero exposure to diethylstilbestrol, and previous treatment of a high-grade precancerous lesion or cervical cancer. Women with these risk factors should receive individualized follow-up.”

US Preventive Services Task Force. Screening for cervical cancer: US Preventive Services Task Force recommendation statement. JAMA. 2018;320(7):674-686. doi:10.1001/jama.2018.10897

Centers for Disease Control and Prevention (CDC)

In their 2021 guidelines regarding HPV testing, the CDC states the following:

These tests should not be used for any of the following:

- Individuals with male reproductive systems who are partners of individuals with female reproductive systems with HPV;
- Individuals with female reproductive systems aged <25 years;
- For diagnosis of genital warts;
- As a general STI test.

In their 2021 guideline entitled “Human Papillomavirus (HPV) Infection,” the CDC states the following:

“HPV testing is not recommended for anogenital wart diagnosis because test results are not confirmatory and do not guide genital wart management.”

Sexually Transmitted Infections Treatment Guidelines, 2021: Anogenital Warts. Centers for Disease Control and

Genotyping of Low Risk Human Papillomavirus (HPV) Types

American Academy of Family Physicians (AAFP)

In their 2021 Choosing Wisely publication, the AAFP summarizes the Choosing Wisely campaign recommending against testing for low-risk HIV types, as these are not associated with disease progression and do not warrant a change in clinical management (p. 153).

Quinlan JD. Human papillomavirus: screening, testing, and prevention. Am Fam Physician. 2021;104(2):152-159. <https://europepmc.org/article/MED/34383440>

Hepatitis C Antibody Screening Tests

United States Preventive Services Task Force

The USPTSF summarized recommendations for Hepatitis C virus infection in adolescents and adults, which states the following:

- All adults aged 18 to 79 years should be screened for hepatitis C infection (p. E2) via anti-HCV antibody testing followed by confirmatory polymerase chain reaction testing.
- Consider screening persons younger than 18 years and older than 79 years who are at high risk for infection (eg, those with past or current injection drug use) (p. E2)

Chou R, Dana T, Fu R, et al. Screening for Hepatitis C virus infection in adolescents and adults: updated evidence report and systematic review for the US Preventive Services Task Force. JAMA. 2020;323(10):976. doi:10.1001/jama.2019.20788

Centers for Disease Control and Prevention (CDC)

Universal hepatitis C screening:

- Hepatitis C screening for all pregnant individuals with female reproductive systems during each pregnancy, except in settings where the prevalence of HCV infection (HCV RNA-positivity) is less than 0.1%

One-time hepatitis C testing regardless of age or setting prevalence among people with recognized conditions or exposures:

- People with HIV
- People who ever injected drugs and shared needles, syringes, or other drug

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preparation equipment, including those who injected once or a few times many years ago

- People with selected medical conditions, including:
 - people who ever received maintenance hemodialysis
 - people with persistently abnormal ALT levels
- Prior recipients of transfusions or organ transplants, including:
 - people who received clotting factor concentrates produced before 1987
 - people who received a transfusion of blood or blood components before July 1992
 - people who received an organ transplant before July 1992

people who were notified that they received blood from a donor who later tested positive for HCV infection

Routine periodic testing for people with ongoing risk factors is also recommended, while risk factors persist, for the following::

- People who currently inject drugs and share needles, syringes, or other drug preparation equipment
- People with selected medical conditions, including:
 - people who ever received maintenance hemodialysis

Any person who requests hepatitis C testing should receive it, regardless of disclosure of risk, because many persons may be reluctant to disclose stigmatizing risks

Centers for Disease Control and Prevention. Clinical screening and diagnosis for Hepatitis C. Hepatitis C. Published December 19, 2023. Updated January 31, 2025. <https://www.cdc.gov/hepatitis-c/hcp/diagnosis-testing/index.html>

Recommendations for Hepatitis C Testing Among Perinatally Exposed Infants and Children:

- Children aged greater than or equal to 18 months who are perinatally exposed to HCV and have not previously been tested should receive an anti-HCV test with reflex to NAT for HCV RNA

Panagiotakopoulos L. CDC Recommendations for Hepatitis C Testing Among Perinatally Exposed Infants and Children — United States, 2023. MMWR Recomm Rep. 2023;72. doi:10.15585/mmwr.rr7204a1

Infectious Diseases Society of America and American Association for the Study of Liver Diseases

Initial HCV Testing and Follow-Up Recommendations from ISDA and AASLD:

- HCV-antibody testing with reflex HCV RNA polymerase chain reaction (PCR) testing is

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recommended for initial HCV testing.

- Among persons at risk of reinfection after previous spontaneous or treatment-related viral clearance, HCV-RNA testing is recommended because a positive HCV-antibody test is expected. (p. 4)

Hepatitis C Nucleic Acid/PCR Tests

Infectious Diseases Society of America (IDSA) and American Association for the Study of Liver Diseases (AASLD)

Initial HCV Testing and Follow-Up Recommendations from ADSA and AASLD:

- HCV-antibody testing with reflex HCV RNA polymerase chain reaction (PCR) testing is recommended for initial HCV testing.
- Among persons with a negative HCV-antibody test who were exposed to HCV within the prior six months, HCV-RNA or follow-up HCV-antibody testing six months or longer after exposure is recommended. HCV-RNA testing can also be considered for immunocompromised persons.
- Among persons at risk of reinfection after previous spontaneous or treatment-related viral clearance, HCV-RNA testing is recommended because a positive HCV-antibody test is expected.
- Quantitative HCV-RNA testing is recommended prior to initiation of antiviral therapy to document the baseline level of viremia (ie, baseline viral load). (p. 4)

Monitoring Patients Who Are Starting HCV Treatment, Are on Treatment, or Have Completed Therapy

- Quantitative HCV RNA (HCV viral load) testing is recommended any time prior to starting DAA therapy. (p. 1)

Recommended Monitoring During Antiviral Therapy

- Quantitative HCV viral load testing is recommended 12 or more weeks after completion of therapy to document sustained virologic response (SVR), which is consistent with cure of chronic HCV infection. (p. 2)

Recommended Follow-Up for Patients Who Achieved a Sustained Virologic Response (SVR)

- For noncirrhotic patients, recommended follow-up screening indications are the same as for any individual (universal screening recommendations)
- Assessment for HCV recurrence is recommended annually if the patient has ongoing risk

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factors for HCV infection. In such cases, a quantitative HCV-RNA test rather than an HCV-antibody test is recommended to assess for HCV recurrence. (p. 9)

IDSA, AASLD. HCV guidance: Recommendations for testing, managing, and treating hepatitis C. Recommendations for Testing, Managing, and Treating Hepatitis C | HCV Guidance. Updated October 24, 2022. Accessed November 8, 2024. https://www.hcvguidelines.org/sites/default/files/full-guidance-pdf/AASLD-IDSA_HCVGuidance_December_19_2023.pdf

Centers for Disease Control and Prevention (CDC)

The CDC issued a review of hepatitis C screening (updated in January 2025), “Recommendations for Hepatitis C Testing Among Perinatally Exposed Infants and Children”, which states the

following:

- Perinatally exposed infants should receive a NAT for HCV RNA at age two to six months to identify children in whom chronic HCV infection might develop if not treated...
- Infants and children aged seven to 17 months who are perinatally exposed to HCV and have not previously been tested should receive a NAT for HCV RNA.

Panagiotakopoulos L. CDC Recommendations for Hepatitis C Testing Among Perinatally Exposed Infants and Children — United States, 2023. MMWR Recomm Rep. 2023;72. doi:10.15585/mmwr.rr7204a1

Group B Streptococcus Tests in Vaginal-Rectal Specimens

American College of Obstetrics and Gynecology (ACOG)

In 2019 (reaffirmed 2022), the American College of Obstetrics and Gynecology (ACOG) published Committee Opinion Number 797 which addresses prevention of group B Streptococcal (GBS) disease in newborns via screening of pregnant individuals. These guidelines state the following:

“...all pregnant [individuals] should undergo antepartum screening for GBS at 36 0/7 - 37 6/7 weeks of gestation, unless intrapartum antibiotic prophylaxis for GBS is indicated because of GBS bacteriuria during the pregnancy or because of a history of a previous GBS-infected newborn.” (p. e52)

Figure 1 titled Management of Women With Preterm Labor <37 0/7 Weeks of Gestation shows the first step in the care of those presenting with potential for preterm labor is to collect a vaginal-rectal swab for GBS screening culture (p. e58).

Regarding the methodology of screening:

“Rates for GBS detection using NAAT methods have been shown to be equivalent to culture-

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based screening or better when the test protocol includes an 18–24-hour incubation step in enrichment broth before performing the NAAT analysis, which is similar to the process for traditional culture-based methods. Therefore, NAAT [nucleic acid amplification testing]-based testing offers a reasonable and potentially more sensitive alternative to a culture for antepartum screening and some laboratories, albeit a minority, report the use of these newer tests for routine antepartum screening.” (p. e55)

Prevention of Group B Streptococcal Early-Onset Disease in Newborns: ACOG Committee Opinion, Number 797. Obstet Gynecol. 2020;135(2):e51-e72.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2025, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
80074	Acute hepatitis panel This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709) Hepatitis B core antibody (HBcAb), IgM antibody (86705) Hepatitis B surface antigen (HBsAg) (87340) Hepatitis C antibody (86803)
86060	Antistreptolysin O; titer
86480	Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon
86481	Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension
86580	Skin test; tuberculosis, intradermal
86592	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)
86593	Syphilis test, non-treponemal antibody; quantitative
86631	Antibody; Chlamydia
86632	Antibody; Chlamydia, IgM
86671	Antibody; fungus, not elsewhere specified
86692	Antibody; hepatitis, delta agent
86694	Antibody; herpes simplex, non-specific type test

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86695	Antibody; herpes simplex, type 1
86696	Antibody; herpes simplex, type 2
86704	Hepatitis B core antibody (HBcAb); total
86705	Hepatitis B core antibody (HBcAb); IgM antibody
86706	Hepatitis B surface antibody (HBsAb)
86707	Hepatitis Be antibody (HBeAb)
86708	Hepatitis A antibody (HAAb)
86709	Hepatitis A antibody (HAAb), IgM antibody
86735	Antibody; mumps
86738	Antibody; mycoplasma
86756	Antibody; respiratory syncytial virus
86762	Antibody; rubella
86765	Antibody; rubeola
86780	Antibody; Treponema pallidum
86790	Antibody; virus, not elsewhere specified
86803	Hepatitis C antibody
86804	Hepatitis C antibody; confirmatory test (eg, immunoblot)
87015	Concentration (any type), for infectious agents
87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates
87075	Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates
87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate
87081	Culture, presumptive, pathogenic organisms, screening only;
87102	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; other source (except blood)
87106	Culture, fungi, definitive identification, each organism; yeast
87109	Culture, mycoplasma, any source
87110	Culture, chlamydia, any source
87116	Culture, tubercle or other acid-fast bacilli (eg, TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates
87140	Culture, typing; immunofluorescent method, each antiserum
87147	Culture, typing; immunologic method, other than immunofluorescence (eg, agglutination grouping), per antiserum
87149	Culture, typing; identification by nucleic acid (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed

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87150	Culture, typing; identification by nucleic acid (DNA or RNA) probe, amplified probe technique, per culture or isolate, each organism probed
87168	Macroscopic examination; arthropod
87181	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (eg, antibiotic gradient strip)
87184	Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents)
87185	Susceptibility studies, antimicrobial agent; enzyme detection (eg, beta lactamase), per enzyme
87186	Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration [MIC] or breakpoint), each multi-antimicrobial, per plate
87187	Susceptibility studies, antimicrobial agent; microdilution or agar dilution, minimum lethal concentration (MLC), each plate (List separately in addition to code for primary procedure)
87188	Susceptibility studies, antimicrobial agent; macrobroth dilution method, each agent
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types
87206	Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types
87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)
87220	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies)
87252	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect
87253	Virus isolation; tissue culture, additional studies or definitive identification (eg, hemabsorption, neutralization, immunofluorescence stain), each isolate
87255	Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity)
87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis
87273	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 2
87274	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 1
87285	Infectious agent antigen detection by immunofluorescent technique; Treponema pallidum

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87320	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; <i>Chlamydia trachomatis</i>
87340	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis B surface antigen (HBsAg)
87341	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis B surface antigen (HBsAg) neutralization
87350	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis Be antigen (HBeAg)
87380	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis, delta agent
87385	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; <i>Histoplasma capsulatum</i>
87449	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; not otherwise specified, each organism
87467	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; hepatitis B surface antigen (HBsAg), quantitative
87481	Infectious agent detection by nucleic acid (DNA or RNA); <i>Candida</i> species, amplified probe technique
87482	Infectious agent detection by nucleic acid (DNA or RNA); <i>Candida</i> species, quantification
87491	Infectious agent detection by nucleic acid (DNA or RNA); <i>Chlamydia trachomatis</i> , amplified probe technique
87500	Infectious agent detection by nucleic acid (DNA or RNA); vancomycin resistance (eg, enterococcus species van A, van B), amplified probe technique

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87511	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, amplified probe technique
87512	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, quantification
87516	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, amplified probe technique
87517	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification
87520	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed
87522	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed
87523	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis D (delta), quantification, including reverse transcription, when performed
87529	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique
87530	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, quantification
87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed
87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed
87556	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, amplified probe technique
87561	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, amplified probe technique
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique
87623	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)
87624	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68), pooled result
87625	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed

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87653	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group B, amplified probe technique
87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique
87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism
87799	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; quantification, each organism
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique
87802	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group B
87810	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Chlamydia trachomatis
87850	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Neisseria gonorrhoeae
87900	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics
87901	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, reverse transcriptase and protease regions
87902	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis C virus
87903	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; first through 10 drugs tested
87904	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; each additional drug tested (List separately in addition to code for primary procedure)
87905	Infectious agent enzymatic activity other than virus (eg, sialidase activity in vaginal fluid)
87906	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, other region (eg, integrase, fusion)
87912	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis B virus
87999	Unlisted microbiology procedure

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HCPCS Codes	Description
G0432	Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening
G0435	Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening
G0475	HIV antigen/antibody, combination assay, screening
G0476	Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus HPV), high- risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test
G0499	Hepatitis B screening in nonpregnant, high-risk individual includes hepatitis B surface antigen (HBSAG), antibodies to HBSAG (anti-HBS) and antibodies to hepatitis B core antigen (anti-HBC), and is followed by a neutralizing confirmatory test, when performed, only for an initially reactive HBSAG result

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy developed. Reviewed by external specialist.	11/23	02/24
Added “lab” to policy title. Removed CPT and ICD-10 codes from policy reference table. Added CPT code table and moved the “coding implications” section.	02/24	
Corrected CPT code descriptions. Removed 0500T, 87081, 87149 and 87150. Corrected policy number from CG.CP.MP.105 to CG.CP.MP.05.	03/24	
Annual review. Added policy number to header. Changed policy statement verbiage from " may be considered medically necessary" to "are considered medically necessary" for the following criteria sections: Group B Streptococcus Screening Tests of Vaginal-Rectal Specimens, Genotyping of High Risk Human Papillomavirus (HPV) Types for Cervical Cancer Screening, and Hepatitis C Nucleic Acid/PCR Tests. For Hepatitis C Nucleic Acid/PCR Tests, added the following criteria option: "The member was exposed to HCV perinatally and is between 2 months and 17 months of age". Background updated. Code added to CPT Coding table: 87626.	11/24	02/25

Code added to new HCPCS table: G0476. References updated.		
Annual review. Updated revision dates; Updated policy Overview; Updated copyright dates; Removed References section and added References to applicable areas of policy; Added CPT codes 80074, 86060, 86480, 86481, 86580, 86592, 86593, 86631, 86632, 86671, 86692, 86694, 86695, 86696, 86704, 86705, 86706, 86707, 86708, 86709, 86735, 86738, 86756, 86762, 86765, 86780, 86790, 87015, 87070, 87075, 87077, 87081, 87102, 87106, 87109, 87110, 87116, 87140, 87147, 87149, 87150, 87168, 87181, 87184, 87185, 87186, 87187, 87188, 87205, 87206, 87207, 87210, 87220, 87252, 87253, 87255, 87270, 87273, 87274, 87285, 87320, 87340, 87341, 87350, 87380, 87385, 87449, 87467, 87481, 87482, 87491, 87500, 87511, 87512, 87516, 87517, 87523, 87529, 87530, 87535, 87536, 87538, 87556, 87561, 87563, 87591, 87623, 87661, 87797, 87798, 87799, 87800, 87801, 87802, 87810, 87850, 87900, 87901, 87902, 87903, 87904, 87905, 87906, 87912, 87999, 0500T, G0432, G0433, G0435, G0475, G0499. Removed Ref column and added reference links to policy reference table.	1/26	1/26

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting

Date of Last Revision: 01/26

may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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